

| CLAIMS ONLY | | | | | | Application Number <i>10/620358</i> | Filing Date | | |
|-----------------|----------|--------|-----------------------|--------|------------------------|---|-------------|--------|-------|
| | | | | | | Applicant(s) | | | |
| <i>10-27-04</i> | | | | | | * May be used for additional claims or amendments | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | * | * |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep |
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| Total Indep | | | 6 | | | | | | |
| Total Depend | | | 15 | | | | | | |
| Total Claims | | | 21 | | | | | | |